U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	& Bock
E	( NIG15205)
	YMS C

3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	Thomas	D Nokes	Name	Communication	ons Workers Of America Local 3510			
			Labo	r Organization File N	umber 516-665			
P.O. Box, Bldg., Room No., if any			P.O.	P.O. Box, Building and Room Number, if any				
Street	102 South Hwy 49		Stree	t 102 South H	y 49			
City	Indianola		City	Indianola				
State	Mississippi	ZIP Code + 4 38751	State	Mississippi	ZIP Code + 4 38751			
5. Positi	ion in labor organization.	Secretary-Treasurer	+ 1 .					
Ent	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
		in transactions (including loans) with, or yer whose employees your organizat						
6. Name	6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.				
Name								
Trade	Name, if any:							
P.O. Box, Bldg., Room No., if any			7.b. Ar	7.b. Amount.				
Street								
City								
State		ZIP Code + 4						
	Signature							
subm	litted in this report (including		ying docui	ments), has been exa	enalties of the law, that all of the information mined by the signatory and is, to the best of the ctions.)			
Sign	ed Thomas S	). Nakes	On	08/09/2005	(662)887-6688			
	for the second			Date	Telephone Number			
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Name of Person Filing Thomas Nokes		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	C Lohan Ormanisation					
Trade Name, if any:	a. Labor Organiza	tion				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street	Control of Employer					
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					